

5-YEAR SPRINKLER SYSTEM SERVICE TEST REPORT (Updated 5/21/03)

Title 19, Section 904 of the California Code of Regulations requires sprinkler systems to be service tested every 5 years. In Mountain View, a record of the test, along with any deficiencies found, shall be submitted to the Mountain View Fire Department. Record the test results below and describe how any deficiencies were corrected in the table at the end of this report. The test shall only be conducted by a contractor holding a license issued by the State Fire Marshal.

Building or Complex Name: _____

Site Location (address): _____

Building Owner: _____

Mailing Address: _____

Phone: _____

Date of Construction: _____

System Description: _____

Testing Contractor: _____ State Fire Marshal License #: _____

Testing Contractor Address: _____ Phone: _____

Certification Date: _____

COMPONENTS:

(DEF= Deficient)

FIRE DEPARTMENT CONNECTION (FDC)			
Free of visible damage or exterior obstruction.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Inlet caps or plugs present, clapper valves fully operable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Couplings undamaged and rotate smoothly, gaskets present and viable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Proper identification of FDC.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

CONTROL VALVES

Type and Number: ____ PIV ____ OS&Y ____ BFLY ____ OTHER: _____			
Free of visible leaks, damage, and exterior obstruction.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Secured in proper position: ____ Supervised ____ Locked	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Identification signs present.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

RISER			
Calculated System? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Density: _____/sq.ft.			
Accessible system and piping components free of defects.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Gauges present and free of visible damage.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Gauge test valves in OPEN position	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Water Motor Gong valves in proper position.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Riser within test date.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Riser Size: _____ # of Valves: <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2-1/2" <input type="checkbox"/> 3" Riser Location: _____			
Certification Date: _____ Company & License #: _____			

SPRINKLERS			
Type? <input type="checkbox"/> SSP <input type="checkbox"/> SSU <input type="checkbox"/> REC <input type="checkbox"/> CON <input type="checkbox"/> FLUSH <input type="checkbox"/> HSW <input type="checkbox"/> VSW <input type="checkbox"/> RESIDENTIAL			
Free of leaks, corrosion, paint and visible damage; discharge unobstructed.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Installed in proper position for type; Escutcheons present.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Sprinkler cabinet present (location): _____	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Correct type and number of spare stock and sprinkler wrenches present.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

MISCELLANEOUS			
Other identification signs present (ITV, MD, AD, FLOW ALARM BELL).	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Proper ITV orifice present.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Water flow and supervisory device(s) operate properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

GAUGE READINGS	SUPPLY (psi)	SYSTEM (psi)
Water Static		
Water Residual		
Water Restored		
Residual Difference from last test: _____		

AUDIBLE WATER FLOW ACTIVATION IN SECONDS		
ITV No.	Audible Response	Panel Response

PROCEDURE:

INSPECTIONS			
Complete maintenance inspection performed.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Sprinklers less than 50 years old.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Sprinkler temperatures rated for hazard/area.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

FIRE DEPARTMENT CONNECTION (FDC)			
FDC check valve accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
FDC backflushed.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

CONTROL VALVES

CONTROL VALVES			
Control valves operable and undamaged.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Valve supervision devices operable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

RISER

Gauge test valves present and operable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Gauges tested and accurate within 5 psi.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Drain valve accessible and operable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
System drainage adequate and unimpaired.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
System left in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

WATER FLOW AND SUPERVISORY TESTING

ITV Location: _____			
Inspector Test Valve accessible and operable.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Drainage from ITV adequate and unimpaired.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Flow switches tested via ITV.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Water Motor Gong audible within 90 sec. of flow.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Electric bell/horn audible within 90 sec. of flow.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Central Station received proper water flow and supervisory signals.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF
Alarm panel clear.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> DEF

LIST DEFICIENCIES FOUND AND HOW/WHEN CORRECTED

[illegible]

Return completed forms to:
City of Mountain View Fire Department
1000 Villa Street
Mountain View, CA 94041
Attn: Fire Marshal